Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) ______/_ Event Description: LA Phil Provide Title/ Explanation If no: <u>LA Phil</u> Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	, s	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	44.1 and 18942.	I have verified that the distribution set forth above, is in accordance
with the requirements. Signature of Agency Head or Designee	egan Moret	Ticket Administrator 3.24.17 Title (month, day, year)
Comment:		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ☑ No ☐ Event Description: LA Phil Date(s) _______/ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification I have read and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\$ignature of Agency Heat or Besignee &

Comment:

Megan Moret
Print Name

Ticket Administrator

3.24.17

Title

(month, day, year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agancy Papart of:

Comment: ___

A AI					
Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors, First D	District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Admini	strator			Amendment (Must)	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				,
213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation			0	0
Does the agency have a tick	ket policy? Yes [No ☐ F	ace Value of	Each Ticket/Pass \$ =	9
Event Description: LA Phil	Provide Title/ Fxola	nation	Date(s)3	, 5 , 17	
Ticket(s)/Pass(es) provided			f no: <u>LA Phil</u>	Name of Source	11700
Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^{If}	f yes:	Official's Name (Last, First)	
Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individ	ual. • Use Section C to iden	ntify an outside organization.
A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
Staff	VII.	2	Per ticket po	licy 5.3 (k)	
		Number of Ticket(s)/ Passes		Identify one of the	
			A A A A A A A A A A A A A A A A A A A		
			- ARMERICANA		
		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
Verification I have read and understand FF with the requirements.			I have verified t	that the distribution set to	forth above, is in accordance
	Division, Department, or Reg Board of Supervisors, First [Designated Agency Contact (Megan Moret, Ticket Admini Area Code/Phone Number 213.974.4111 Function or Event Information Does the agency have a ticket Event Description: LA Phille Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agent A. Name of Agency, Department Staff B. Name of India (Last, Fir.) Name of Outside O (include address and provided address and	Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number 213.974.4111 Function or Event Information Does the agency have a ticket policy? Yes [Event Description: LA Phil Provide Title/ Explait Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest Yes [of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Staff Name of Individual (Last, First) Verification I have read and understand FPPC Regulations 18944 with the requirements.	Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number	Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number	Division, Department, or Region (if applicable)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☑ No ☐ Event Description: LA Phil Date(s) __3 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🗆 No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: , Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

4. Verification

I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Ticket Administrator

3.24.17

Signalure of Asenty Head of Designate

Print Name

Title

(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions	
1. Agency Name	Date Stamp

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r u	σ			4800	CIII

1.	Agency Name		X-200			Date Stamp	California 802
	County of Los Angeles						I OIIII
	Division, Department, or Reg	ion (if applicable)				9	For Official Use Only
	Board of Supervisors, First I	District					
	Designated Agency Contact (Name,Title)	100			1	
	Megan Moret, Ticket Admini	strator				Amendment (Must Pro	vide Evolunation in Part 3)
	Area Code/Phone Number	E-mail	0.00 (000)	,		Amenament (Masi 170	vide Explanation in Fart 5.
	213.974.4111	mmoret@bos	.lacoun	ty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy?	Yes 🛛	No □ F	ace Value of I	Each Ticket/Pass \$ 168	· · · · · · · · · · · · · · · · · · ·
	Event Description: LA Phil	Provide Titl	e/ Evnlanat	[Date(s)3		
	Ticket(s)/Pass(es) provided		Yes 🔲		f no: <u>LA Phil</u>		
	Tiokot(o)/T doo(oo) provided	by agonoy.	163	140 2	. no	Name of Source	
	Was ticket distribution made	at the behest	Yes 🗌	No 🛛	f yes:	Official's Name (Last, First)	***
	of agency official?					Onicial's Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depa		unit. • Us	Number of Ticket(s)/		lual. • Use Section C to identified by the public purpose made pursu	
				Passes	ļ.,	E 5 0 (Is)	
	Staff			2	Per ticket po	ilicy 5.5 (k)	
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
		-			and the second s	nonial Role Other Other Charleting "Ceremonial Role" or "Other" descri	Income Income
						nonial Role Other of "Other" descriptions of the control of the co	Income Income
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
		70 G					
4.	Verification I have read and understand FF with the requirements.	PC Regulations	18944.1	and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	V Signature of Agency Head by Design	nee		n Moret		Ticket Administrator	3.24.17 (month, day, year)
	Comment:					200.000-00	

Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Date Stamp County of Los Angeles

Division, Department, or Region (if applicable)		1000		For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must Prov	vide Explanation in Part 3.)
			Date of Original Filings	
213.974.4111 mmoret@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)
Function or Event Information				
Does the agency have a ticket policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ ⁹⁹	
Event Description: LA Phil		Date(s)3	<u>, 8 , 17 </u>	
Provide Title/ Expl Ticket(s)/Pass(es) provided by agency? Yes		f no: LA Phil		
ricket(s)/Fass(es) provided by agency: Yes	□ No 🛛 If	1110.	Name of Source	
Was ticket distribution made at the behest Yes	□ No⊠ If	f yes:	Official's Name (Last, First)	
of agency official?			emotare riame (Eddi, Filey)	
Recipients				
• Use Section A to identify the agency's department or unit.	• Use Section B to i	identify an individ	ual. • Use Section C to identify	an outside organization.
, , , , , , , , , , , , , , , , , , , ,	Number	1		
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes		e public purpose made pursu	ant to the agency's policy
Staff	2	Per ticket po	licy 5.3 (k)	2
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the foll	owing:
			nonial Role Other or "Other" descri	Income Income
			nonial Role Other Other or "Other" descri	Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
Verification				
I have read and understand FRPC Regulations 1894 with the requirements.	4.1 and 18942.	I have verified t	hat the distribution set fort	h above, is in accordance
V VV	gan Moret		Ticket Administrator	3.24.17
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Comment: ___

	gency Report of: eremonial Role Even	its and Ticket/P	ass Dist	ributions	A	Public Do	ocument
_	Agency Name				Date Stamp	California	
	County of Los Angeles					Form	802
	Division, Department, or Reg	jion (if applicable)			1	For Officia	al Use Only
	Board of Supervisors, First	District					
	Designated Agency Contact				1		
	Megan Moret, Ticket Admin	istrator					
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explanation	in Part 3.)
	213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, ye	ear)
2.	Function or Event Infor	mation					Address of the second
	Does the agency have a tic	ket policy? Yes [⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 1	68	
	Event Description: LA Phil	* E STEEL			<u>, 10 , 17 </u>		Ÿ
	Event Description:	Provide Title/ Explai	nation	Date(s)	/		<i>J</i>
	Ticket(s)/Pass(es) provided			If no: LA Phil			
				22	Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes[□ No⊠	If yes:	Official's Name (Last, First)	n .	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to iden	itify an outside org	anization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the age	ncy's policy
	Staff		2	Per ticket po	licy 5.3 (k)	AND AND A	
			Number				
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		Identify one of the	following:	
				0.00.00	nonial Role Other Cking *Ceremonial Role" or *Other" de		Income
					nonial Role Other Other Cking "Ceremonial Role" or "Other" de		Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the age	ncy's policy

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I have read and understand EDBC Decidations 19044 1 and 19042. I have verified that the distribution set forth above, is in a	
	ccorgance
That's read and and state of the regulations restrict and restrict the distribution est form above, is in a	0001441100
I have read and understand FRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in activity the requirements.	

Metanli	Megan Moret	Ticket Administrator
Signature of Agency read or Designee	Print Name	Title ,

Comment: _

3.24.17 (month, day, year)

	9007		••			
C	eremonial	Role	Events	and	Ticket/Pass	Distributions

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1.	Agency Name					Date Stamp	California OOO	
	County of Los Angeles						Form OUZ	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisors, First [District						
	Designated Agency Contact ((Name, Title)		21_				
	Megan Moret, Ticket Admini	strator				Amondment (Mart	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				Amendment (Must P	-rovide Explanation in Part 3.)	
	213.974.4111	mmoret@bos	.lacoun	ty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			**************************************			
	Does the agency have a tick	ket policy?	Yes 🛛	No □ F	ace Value of	Each Ticket/Pass \$ 10	68	
	Event Description: LA Phil				Date(s)3			
	Event Description:	Provide Title	e/ Explana	tion L	Jate(s)			
	Ticket(s)/Pass(es) provided				f no: LA Phil			
		Section Sectio		1101300039000		Name of Source		
	Was ticket distribution made	at the behest	Yes 🗌	No 🗵	f yes:	Official's Name (Last, First)		
	of agency official?					, , , , , , , , , , , , , , , , , , , ,		
3.	Recipients						-	
٥.	• Use Section A to identify the agen	cy's department or	unit • Us	se Section B to	identify an individ	ual • Use Section C to iden	tify an outside organization	
	- Coc Section 11 to Identify the agen	cy sucpartment of	1	Number	T T	uai. esc section e to iden	try an outside organization.	
	A. Name of Agency, Depa	rtment or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	Staff				Per ticket po	licy 5.3 (k)		
				2		, , ,		
		12.37			+	100 to 10		
			ł					
				Number				
	B. Name of Indi			of Ticket(s)/ Passes	Identify one of the following:			
		,		1 43363	Caram	onial Role Other	Income 🗆	
					1	ing "Ceremonial Role" or "Other" de	-	
					1			
						ionial Role Other Other Other Other Other		
				Number		26 - 100		
	C. Name of Outside Or (include address and			of Ticket(s)/ Passes	Describe the	e public purpose made pui	rsuant to the agency's policy	
			-+	1 43363				
			1					
	(I					2 3 **		
1.	Verification							
	I have read and understand FP with the requirements.	RC Regulations	18944.1	and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance	
	A A			-			pr 200 22	
	Sanatha			n Moret		Ticket Administrator	3.24.17	
	Signature of Agency Head or Design	e e	Print	t Name		Title	(month, day, year)	
	Comment:							

Comment

	gency Report of: eremonial Role Events and Tic	ket/P	ass Distri	ibutions	AI	Public Document
-	Agency Name				Date Stamp	
	County of Los Angeles				·	Form 802
	Division, Department, or Region (if applicable	e)				For Official Use Only
	Board of Supervisors, First District					
	Designated Agency Contact (Name, Title)					
	Megan Moret, Ticket Administrator					
	Area Code/Phone Number E-mail				Amenament (Must Pro	ovide Explanation in Part 3.)
	213.974.4111 mmoret@bd	os.lacou	inty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Information				169	
	Does the agency have a ticket policy?	Yes [⊠ No 🔲 F	ace Value of	Each Ticket/Pass \$ 168)
	Event Description: LA Phil	"itle/ Explai	nation [Date(s) 3	<u>, 10 , 17 </u>	
	Ticket(s)/Pass(es) provided by agency?			f no: LA Phil		
	ν (-γ,(γ, μ	100	_ 140 Ed		Name of Source	Jan
	Was ticket distribution made at the behes of agency official?	t Yes[□ No⊠ ^{II}	f yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agency's department of	or unit. •	Number	T		
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Staff		2	Per ticket po	licy 5.3 (k)	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				No. of the second	nonial Role Other of the or "Other" descriptions of the or "Other" descriptions of the or "Other" descriptions of the other of the othe	Income Income
				0.000.00000	nonial Role Other on the description of the descrip	Income C
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
				(8)		
4.	Verification Phave read and understand PPPC Regulation with the requirements.	s 18944	.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Med	an Moret		Ticket Administrator	3.24.17
,	Signature of Agency Wead or Designee	-	int Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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~			1100		<i>3</i>		2	

1. Agency Name				Date Stamp	California 202	
County of Los Angeles					Form OUZ	
Division, Department, or Region (if applied	able)				For Official Use Only	
Board of Supervisors, First District						
Designated Agency Contact (Name, Title)						
Megan Moret, Ticket Administrator				☐ A		
Area Code/Phone Number E-mail				☐ Amendment (Must Pro	vide Explanation in Part 3.)	
213.974.4111 mmoret@	bos.lacour	ntv.gov		Date of Original Filing:	(month, day, year)	
					(monus, day, year)	
2. Function or Event Information				169	,	
Does the agency have a ticket policy?	Yes 🗵	No 🔲 🗜	ace Value of I	Each Ticket/Pass \$ 168	<u>.</u>	
Event Description: LA Phil			Date(s)	, 11 , 17	1 1	
Provi	ide Title/ Explana	ation				
Ticket(s)/Pass(es) provided by agency	/? Yes □] No⊠ I	f no: <u>LA Phil</u>	Name of Source		
Mea tighet distribution made at the he	haak —		f ves:	Name of Source		
Was ticket distribution made at the be	nest Yes L	No 🗵	f yes:	Official's Name (Last, First)		
of agency official?						
3. Recipients						
• Use Section A to identify the agency's department	ent or unit. • U	se Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.	
A. Name of Agency, Department or Ur	nit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy	
Staff		1 43303	Per ticket po	licy 5.3 (k)	THE RESERVE THE PERSON OF THE	
	ŀ	4	**************************************			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes)/ Identify one of the following:			
				onial Role Other Other ing "Ceremonial Role" or "Other" descr	Income Income	
	1		6.2 0 10	onial Role Other Initial Control of the control of	Income	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ıant to the agency's policy	
		0 0 0			F - 7 FF - 77 FF - F	
4. Verification			·			
_	tions 19011	1 and 100.42	I have verified t	hat the distribution ast fam	th above is in asserdance	
with the requirements.	Nave read and understand FPPC Regulations 18944.1 and 18942. I have verified the requirements.					
	N A -	un Mauret		Tinkat Administrate	0.04.47	
Şilgnature of Agendy Head or/Designee		n Moret		Ticket Administrator	3.24.17	
Signature of Agents nead of Designee	Prir	п маше		Title	(month, day, year)	
Comment						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: LA Phil 11 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Per ticket policy 5.3 (k) Staff 4 Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income ___ Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name					Date Stamp	California 802			
	County of Los Angeles						Form OUZ			
	Division, Department, or Reg	jion (if applicable)	**				For Official Use Only			
	Board of Supervisors, First	District								
	Designated Agency Contact	(Name, Title)		3980 1115						
	Megan Moret, Ticket Admin	istrator				Amondment /Must 6	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				Amendment (wast)	TOVIDE Explanation in Fait 3.)			
	213.974.4111	mmoret@bos	.lacou	nty.gov		Date of Original Filing:	(month, day, year)			
_	Function or Event Infor	mation					(,,)			
~ ,	Does the agency have a tic		. r	a — [Taga Value of I	Each Tieket/Dage ¢ 99	9			
	(E) (E)	ket policy!	Yes L	.0 (00000000000000000000000000000000000						
	Event Description: LA Phil				Date(s) <u>3</u>	12 / 17				
	Ticket(s)/Pass(es) provided	Provide Titl			f no: LA Phil					
	ricket(s)/Fass(es) provided	by agency:	res L] No⊠ I	Name of Source					
	Was ticket distribution made	e at the behest	Yes [es No If yes:						
	of agency official?			_		Official's Name (Last, First)				
3.	Recipients									
	Use Section A to identify the ager	ncy's department or	unit. • I	Jse Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Department or Unit Staff			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	rsuant to the agency's policy			
				4	Per ticket po	licy 5.3 (k)				
		Name of Individual (Last, First)		(Last, First) Passes			Cerem	Identify one of the following:		
					0.0000000000000000000000000000000000000	ing "Ceremonial Role" or "Other" de				
					1	onial Role Other ing "Ceremonial Role" or "Other" de				
	C. Name of Outside C			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy			
	Verification									
-/	have read and understand FPPC Regulations 18944.1 and 18942. I have verified with the requirements.					hat the distribution set fo	orth above, is in accordance			
Meg.				an Moret		Ticket Administrator	3.24.17			
1	Signature of Agency Head or Design	iee	Pri	nt Name		Title	(month, day, year)			
/	Comment:									

Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Date Stamp County of Los Angeles

County of Los Angele					Torin OSE		
Division, Department,	or Region (if applicable)				For Official Use Only		
Board of Supervisors,	First District						
Designated Agency Co	ntact (Name, Title)			1			
Megan Moret, Ticket	Administrator			Amendment (Must Provide	- Foots and a Dark 2)		
Area Code/Phone Num	ber E-mail			Amendment (Musi Provide	e Explanation in Part 3.)		
213.974.4111	mmoret@bos	.lacounty.gov		Date of Original Filing:	month, day, year)		
. Function or Event	Information						
Does the agency have	e a ticket policy?	Yes ⊠ No □	Face Value of	f Each Ticket/Pass \$ <u>168</u>			
Event Description: LA	Phil	_		<u>1517</u>	E E		
Event Description. —	Provide Title	e/ Explanation					
Ticket(s)/Pass(es) pro	vided by agency?	Yes □ No 🛛	If no: LA Phil				
			16	Name of Source			
Was ticket distribution	made at the behest	Yes ☐ No 🗵	If yes:	Official's Name (Last, First)			
of agency official?				23300 33100 (100000 0000 000 140 00 00 00 00 00 00 00 00 00 00 00 00 0			
Recipients		A STATE OF THE STA	· · · · · · · · · · · · · · · · · · ·		Walnut .		
	the agency's department or	unit. • Use Section B to	o identify an indivi	idual. • Use Section C to identify a	n outside organization.		
A. Name of Agend	cy, Department or Unit	Number of Ticket(s)/ Passes	Describe t	he public purpose made pursuan	t to the agency's policy		
Staff		1 10000	Per ticket po	olicy 5.3 (k)	man and the state of the state		
		4					
	e of Individual Last, First)	Number of Ticket(s)/ Passes		Identify one of the follow	ving:		
			88500400	monial Role Other cking "Ceremonial Role" or "Other" describe	Income D		
				monial Role Other cking "Ceremonial Role" or "Other" describe	Income Delow:		
	C. Name of Outside Organization (include address and description)		Describe to	he public purpose made pursuan	t to the agency's policy		
Verification I have read and understa	and FRPC Regulations	18944.1 and 18942	. I have verified	that the distribution set forth a	above, is in accordance		
The state of the s	N N /				#1 # N 1 # 1		
11/200	<u>'\\\</u>	Megan Moret		Ticket Administrator	3.24.17		
Signature of Agency Head of	r Designee	Print Name		Title	(month, day, year)		

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dist	ributions	A	A Public Documen	
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					DESCRIPTION OF THE PERSON.	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisors, First	District					
	Designated Agency Contact	(Name, Title)		- 11	1		
	Megan Moret, Ticket Admin	istrator			Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				Total Explanation III are on	
	213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor		00				
	Does the agency have a tic	ket policy? Yes [⊠ No 🗆	Face Value of	Each Ticket/Pass \$ $\frac{1}{2}$	68	
	Event Description: LA Phil			Date(s) 3	, 17 , 17	1 1	
	Event Bescription.	Provide Title/ Explai	nation		(
	Ticket(s)/Pass(es) provided	by agency? Yes [☐ No 🗵	If no: LA Phil	Name of Source		
	Man tiplest distribution made	at the hebest v.		If yes:			
	Was ticket distribution made of agency official?	e at the benest Yes [_l No⊠	11 yes	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B t	o identify an individ	lual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Dep.	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
	Staff		2	Per ticket po	licy 5.3 (k)		
	O.	B. Name of Individual		Identify one of the following:			
	(Last, Fil	stj	Passes		nonial Role Other Cking "Ceremonial Role" or "Other" d		
	-	F F V W V //V			nonial Role Other C		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	escribe the public purpose made pursuant to the agency's polic		
					%		

4.	Verification	٨				
	have read and understand	FRPC Regulations	18944.1 and 18942.	I have verified that th	e distribution set forth ab	ove, is in accordance

Comment:

Megan Moret
Print Name

Ticket Administrator

3.24.17

(month, day, year)

Comment:

	eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	Α	Public Document			
1.	Agency Name				Date Stamp	California 802			
	County of Los Angeles								
	Division, Department, or Reg	ion (if applicable)	***************************************	•		For Official Use Only			
	Board of Supervisors, First I	District							
	Designated Agency Contact	(Name, Title)							
	Megan Moret, Ticket Admini	strator			☐ Amendment /Must P	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (wastr	Tovide Explanation III F art 5.)			
	213.974.4111	mmoret@bos.lacou	unty.gov		(month, day, year)				
2.	Function or Event Infor	Function or Event Information							
	Does the agency have a tick	ket policy? Yes [⊠ No 🔲 📑	ace Value of	Each Ticket/Pass \$ $\frac{99}{2}$				
	Event Description: LA Phil	Provide Title/ Expla		Date(s)3	<u>, 17 , 17 </u>				
	Ticket(s)/Pass(es) provided			no: LA Phil					
	rioket(3)/1 a33(c3) provided	by agency: 1est	NO KJ "	110	Name of Source	-			
	Was ticket distribution made	at the behest Yes [□ No⊠ If	yes:	Official's Name (Last, First)				
	of agency official?				Official's Name (Last, First)				
3.	• Use Section A to identify the agen A. Name of Agency, Depare		Use Section B to i Number of Ticket(s)/ Passes			ify an outside organization.			
	Staff		2	Per ticket po	licy 5.3 (k)				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:			
					onial Role Other ing "Ceremonial Role" or "Other" des				
	1		10000000		onial Role Other ing "Ceremonial Role" or "Other" des				
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy			
1.	Verification Lhave read and understand FF with the requirements	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set fo	orth above, is in accordance			
	V Xa V W	Meg	an Moret		Ticket Administrator	3.24.17			
	Signature of Agency Head or Design	00 Di	rint Name		Title	(month day year)			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ☑ No □ Event Description: LA Phil Date(s) __3 18 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Signature of Agency Head of Designee

Print Name

Title

(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: LA Phil Date(s) __3__/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand	RPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	, is in accordance
I have read and understand with the requirements.					
1 // 1/ 1/ 1/	Λ				

VIGNO VIV	Megan Moret	Ticket Administrator	3.24.17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Comment:

Comment:

	eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	AI	Public Document
١.	Agency Name				Date Stamp	California 802
	County of Los Angeles					TOIM -
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admini	strator			Amendment (Must Pro	vide Evalenation in Part 3)
	Area Code/Phone Number	E-mail	10.00	R NAME OF THE PARTY OF THE PART	Amendment (Mast Fro	vide Explanation in Fait 3.)
	213.974.4111	mmoret@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			400	
	Does the agency have a tick	ket policy? Yes	X No ☐ F	ace Value of	Each Ticket/Pass \$ 168	<u> </u>
	Event Description: LA Phil	Provide Title/ Expla	nation [Date(s) 3		
	Ticket(s)/Pass(es) provided			no: <u>LA Phil</u>	Name of Source	
	Mas ticket distribution made	at the beheat v	m- lf	f yes:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes [」No⊠ "	yes	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit	Lies Section B to i	identify an individ	ual • Use Section C to identif	y an outside organization
	A. Name of Agency, Depart		Number of Ticket(s)/ Passes		e public purpose made pursu	
	Staff		4	Per ticket po	licy 5.3 (k)	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fol	
				34.00 900 900	nonial Role Other Other description of the control	Income L
					nonial Role Other Other or "Other" desc.	Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
					2	
	Verification		1 100 2 200 200 200			
	Nhave read and understand FP with the requirements.			I have verified t		
	1120/1		an Moret		Ticket Administrator	3.24.17
1	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name					Date Stamp	California 000
	County of Los Angeles						Form 802
	Division, Department, or Reg	ion (if applicable)	Home				For Official Use Only
	Board of Supervisors, First I	District					
	Designated Agency Contact	(Name, Title)					
	Megan Moret, Ticket Admini	istrator				Amondment (thirt)	Servide Fundamentian in Deed 2.)
	Area Code/Phone Number	E-mail				Amendment (Must P	rovide Explanation in Part 3.)
	213.974.4111	mmoret@bos	lacour	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			the state of the s		·
	Does the agency have a ticl	ket policy?	Yes 🛚	No 🗆	Face Value of I	Each Ticket/Pass \$ <u>16</u>	§8
	Event Description: LA Phil				Date(s) 3	, 24 , 17	j i
	Event Description.	Provide Title	e/ Explana	ation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆	No ⊠	If no: LA Phil		
					15	Name of Source	
	Was ticket distribution made	at the behest	Yes	No 🗵	If yes:	Official's Name (Last, First)	**************************************
	of agency official?						
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • U	se Section B to	o identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	Staff			2	Per ticket po	licy 5.3 (k)	
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
						onial Role Other on "Other" des	- W
					9350 101 925	onial Role Other cing "Ceremonial Role" or "Other" dea	구시 : : : : : : : : : : : : : : : : : : :
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	,	n.					*
1.	Verification	PPC Regulations	18944.1	1 and 18942	. I have verified t	hat the distribution set fo	orth above, is in accordance
	with the requirements.			ın Moret		Ticket Administrator	3.24.17
	Signatule of Agency Lead of Design	nee	Prin	t Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: LA Phil Date(s) __3 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2

	(Last, First)	Passes	
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
X			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	cation ead and understand FPPC Regulations 18	3944.1 and 18942. I	have verified that the distribution set forth above, is in accordance

Number

Megan Moret

Print Name

Name of Individual

the requirements.

Comment

3.24.17

(month, day, year)

Ticket Administrator

Identify one of the following:

Comment: _

•	jency κεροπ οτ: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
-	Agency Name	manufacture of the confidence	10 (10 to 10		Date Stamp	C. III.
	County of Los Angeles				first and a discussion of the control of the contro	Form 802
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors, First I	District				
	Designated Agency Contact					
	Megan Moret, Ticket Admini	strator			_	L
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	unty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes I	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 99	
	Event Description: LA Phil	>5			25 / 17	
		Provide Title/ Expla	nation		,	1
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🛛 I	f no: <u>LA Phil</u>	Name of Source	
	Was ticket distribution made	at the behest Yes	J No⊠ I	f yes:	Official's Name (Last, First)	
	of agency official?	•			Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen		Use Section B to	T T		
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Staff		4	Per ticket po	licy 5.3 (k)	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	
				I .	onial Role Other Ing "Ceremonial Role" or "Other" desc	Income Cribe below:
				A10.0 TO A10	onial Role Other Other ing "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
4.	Verification					
	I have read and understand FP with the regulirements.	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set for	rth above, is in accordance
	MAN		an Moret		Ticket Administrator	3.24.17
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Ceremonial Role Events and Ticket/Pass Distributions	A	A Public Doo	ument
. Agency Name	Date Stamp	California	802
County of Los Angeles		I OIIII	
Division Department or Region (if applicable)		For Official U	Jse Only

1.	Agency Name				Date Stamp	Form 802
	County of Los Angeles					romi o o —
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, First [District				
	Designated Agency Contact	Name, Title)			1	
	Megan Moret, Ticket Admini	strator			☐ Amendment (Must 6	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Mass /	Tovide Explanation III T art 0.)
	213.974.4111	mmoret@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 99	9
	Event Description: LA Phil			Data(s) 3	<u>, 26 , 17 </u>	, ,
	Event Description.	Provide Title/ Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No⊠ I	f no: <u>LA Phil</u>	Name of Source	
	Was ticket distribution made	at the behest Yes		f yes:	Official's Name (Last, First)	
	of agency official?	100		•	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	Staff	WIT - 1000-000 TO - 1000-000-000-000-000-000-000-000-000-	2	Per ticket po	olicy 5.3 (k)	
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the monial Role Other Othe	Income _
					monial Role Other Other Sking "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4.	Verification I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
1	with the requirements.					
	Signature of Agency Head or Design		gan Moret Print Name		Ticket Administrator	3.24.17 (month, day, year)
ŀ	Comment:					
	Comment.					**************************************

	.90			
(Ceremonial	Role Events	and Ticket/Pass	Distributions

A Public Document

1.	Agency Name				Maria de la Maria de	Date Stamp	California 802
	County of Los Angeles						Form OUZ
	Division, Department, or Reg	ion (if applicable)			50 FO S S S S S S S S S S S S S S S S S S		For Official Use Only
	Board of Supervisors, First D	District					*
	Designated Agency Contact (Name, Title)			+:		
	Megan Moret, Ticket Admini	strator				Amondment (Must G	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Amendment (Must P	rovide Explanation in Part 3.)
	213.974.4111	mmoret@bos	.lacoun	ty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	cet policy?	Yes 🛛	No 🔲	Face Value of I	Each Ticket/Pass \$ 16	<u> </u>
	Event Description: LA Phil	Provide Titi			Date(s)3		
	Ticket(s)/Pass(es) provided				lf no: <u>LA Phil</u>		
	ricket(s)/Fass(es) provided	by agency:	res 🗀	No 🛭	ii iio	Name of Source	
	Was ticket distribution made	at the behest	Yes □	No 🖾	If yes:		
	of agency official?			1.0		Official's Name (Last, First)	
	• Use Section A to identify the agen A. Name of Agency, Depare		unit. • U	Number of Ticket(s)/ Passes		· ·	suant to the agency's policy
	Staff			2	Per ticket po	licy 5.3 (k)	
	B. Name of Indi (Last, Fire			Number of Ticket(s)/ Passes		Identify one of the f	
					•	onial Role Other Cing "Ceremonial Role" or "Other" de	
					944940-0375-0-309	onial Role Other Cing "Ceremonial Role" or "Other" de	Bankara maanimaa
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
4.	Verification						
	With the requirements. Signature of Agency Head or Design		Mega	and 18942. n Moret	I have verified t	Ticket Administrator	orth above, is in accordance 3.24.17 (month, day, year)
	Pighature progency flead of Design		FIIII	(fame		nuc	(month, day, year)
	Comment:						

Comment:

Divi Boa Des	ency Name unty of Los Angeles ision, Department, or Regiard of Supervisors, First Esignated Agency Contact (gan Moret, Ticket Admini a Code/Phone Number	District (Name, Title)			Date Stamp	California 802
Divi Boa Des Meg	ision, Department, or Regi ard of Supervisors, First I signated Agency Contact (gan Moret, Ticket Admini a Code/Phone Number	District (Name, Title)				Form OUZ
Boa Des Me	ard of Supervisors, First [signated Agency Contact (gan Moret, Ticket Adminiar Code/Phone Number	District (Name, Title)			l	
Des Me	signated Agency Contact (gan Moret, Ticket Admini a Code/Phone Number	(Name, Title)				For Official Use Only
Me	gan Moret, Ticket Admini a Code/Phone Number					
	a Code/Phone Number	strator				
Are					Amendment (Must Pro	vide Evolenation in Part 3)
		E-mail		- P V V	Amendment (Musi 110	vide Explanation in Fait 6.)
213	3.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2. Fu	nction or Event Infor	mation			160	
Do	es the agency have a tick	ket policy? Yes	No□ F	ace Value of	Each Ticket/Pass \$ 168	
Eve	ent Description: LA Phil		D	oate(s)3	<u>, 28 , 17 </u>	
T: -1	 (at/a)/ Dana/an)	Provide Title/ Explai		no: LA Phil		
HC	ket(s)/Pass(es) provided	by agency? Yes L] No⊠ If	no. <u>27 () () () () () () () () () (</u>	Name of Source	
Wa	s ticket distribution made	at the behest Yes F	□ No⊠ If	yes:		
	agency official?	, 33 2			Official's Name (Last, First)	
) · (A	Decipients Use Section A to identify the agen Name of Agency, Departaff		Use Section B to i Number of Ticket(s)/ Passes		e public purpose made pursu	
_			4			
В	Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				I	nonial Role Other Oth	Income Income
				CONTRACT OF THE CONTRACT OF TH	nonial Role Other Other Ching "Ceremonial Role" or "Other" descri	Income Income
c	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
_						
I)na	rification Ive read and understand FF In the requirements.	1 \	.1 and 18942. an Moret	I have verified t	that the distribution set for	th above, is in accordance

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Δ	Di	h	lic	Do	CII	me	nt
\sim	гυ	u	1110	-	Lu		

Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Region	(if applicable)			1	For Official Use Only
Board of Supervisors, First Dis	trict				
Designated Agency Contact (Na	me,Title)				
Megan Moret, Ticket Administr	ator				1
Area Code/Phone Number E	-mail			Amendment (Must Pr	rovide Explanation in Part 3.)
213.974.4111 n	nmoret@bos.la	acounty.gov		Date of Original Filing: -	(month, day, year)
Function or Event Informa	ation				
Does the agency have a ticket	policy?	∕es⊠ No□	Face Value of	Each Ticket/Pass \$ 16	8
Event Description: LA Phil		\$5 00 a.g	Date(s) 3		
Ticket(s)/Pass(as) provided by	Provide Title/		If no: LA Phil		
Ticket(s)/Pass(es) provided by	agency?	∕es □ No 🏻	II 110. <u></u>	Name of Source	
Was ticket distribution made a	the behest	∕es □ No 🗵	If yes:	A	7.
of agency official?	j	ICO LI NO ES	•	Official's Name (Last, First)	
Recipients	•				
Use Section A to identify the agency's	department or un		to identity an individ	lual. • Use Section C to identi	ity an outside organization.
A. Name of Agency, Departn	nent or Unit	Number of Ticket(s) Passes	/ Describe th	e public purpose made purs	suant to the agency's policy
Staff	2	2	Per ticket po	olicy 5.3 (k)	
B. Name of Individ	ual	Number of Ticket(s) Passes	ı	Identify one of the fo	ollowing:
				nonial Role Other king "Ceremonial Role" or "Other" des	
·				nonial Role Other king "Ceremonial Role" or "Other" des	Manager 1 (1)
C. Name of Outside Orga (include address and de		Number of Ticket(s) Passes	/ Describe th	ne public purpose made purs	suant to the agency's policy
Verification I have read and understand APPC with the regultements.	Regulations 1	8944.1 and 1894.	2. I have verified	that the distribution set fo	rth above, is in accordance
	/	Megan Moret		Ticket Administrator	3.24.17
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)

Comment:

	gency Report of: eremonial Role Even	its and Ticket/Pa	ass Distr	ibutions	A	Public Document			
1.	Agency Name		Date Stamp	California 802					
	County of Los Angeles					Form OUZ For Official Use Only			
	Division, Department, or Reg	jion (if applicable)				For Official Use Only			
	Board of Supervisors, First								
	Designated Agency Contact	(Name, Title)]				
	Megan Moret, Ticket Admin	istrator			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail		Beauties.		Trovide Explanation III are 6.7			
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing	(month, day, year)			
2.	Function or Event Infor	mation				0			
	Does the agency have a tic	ket policy? Yes 2	No □ F	ace Value of	Each Ticket/Pass \$ 🖺	9			
	Event Description: LA Phil			Date(s) 3	<u>, 31 , 17</u>				
		Provide Title/ Explan	ation						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If n			f no: LA Phil	no: LA Phil				
	Was ticket distribution made at the behest Yes ☐ No 🗵			f yes:					
	of agency official?	e at the beliest Yes [] No⊠ '		Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the ages	ncy's department or unit. • U	Jse Section B to	identify an individ	lual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy					
	Staff		2	Per ticket po	licy 5.3 (k)				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:			
				9.72	nonial Role Other Other King "Ceremonial Role" or "Other" o	 0			
	,		,		nonial Role Other Other of "Other" of "Other" of	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ırsuant to the agency's policy			
	1		42.00						

Megan Moret Print Name

Ticket Administrator

3.24.17 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☒ No ☐ Date(s) 4 / 1 / Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 If yes: . Was ticket distribution made at the behest Yes ☐ No ☒ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes**

Staff	4	Per ticket policy 5.3 (k)		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
Verification				

Verification			
have read and understand FPPC Regu with the requirements.	lations 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, is in accordance
$\Lambda \times \Lambda \cup V \times V$	Megan Moret	Ticket Administrator	3.24.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	its and Ticket/	Pass Distri	butions	A	Public Document	
	Agency Name	To arra rionog.	. 400 2.041		Date Stamp		
••	County of Los Angeles				Date Stamp	California 802	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, First						
	Designated Agency Contact						
	Megan Moret, Ticket Admin	istrator					
	Area Code/Phone Number	E-mail			rovide Explanation in Part 3.)		
	213.974.4111	mmoret@bos.lacc	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ $\frac{99}{2}$	9	
	Event Description: LA Phil						
	Event Description:	Provide Title/ Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No⊠ If	no: <u>LA Phil</u>			
	Was ticket distribution made of agency official?	at the behest Yes	Name of Source Official's Name (Last, First)	3000 Bes 180 B			
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	dual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	suant to the agency's policy			
	Staff	-	2	Per ticket po	licy 5.3 (k)		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
				THE STORY NO. 101	nonial Role Other ching "Ceremonial Role" or "Other" de	- Name - 100 Aug	
	,				nonial Role Other cining "Ceremonial Role" or "Other" de		
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	

4.	V	е	r	IŤ	IC	a	tı	0	n	
	772									

1	have read and understan	nd FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth a	above, is in accordance
w	have read and understan vith the requirements.					

Megan Moret Print Name Ticket Administrator

3.24.17 (month, day, year)

Comment:

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name Date Stamp County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __4__/ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand F with the requirements.

Megan Moret

Print Name

Signature of

Comment:

Ticket Administrator

3.24.17

(month, day, year)